



Maricopa County
Ryan White Part A Program
Policy and Procedures

Health Education/Risk Reduction

Effective Date: 03/01/2013

Revised Date: 03/01/2016

Reviewed Date: 03/01/2016

PURPOSE:

To guide the administration of Ryan White Part A Program's Health Education/Risk Reduction program. The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

POLICIES:

- The funds are intended to provide support for Health Education/Risk Reduction services to educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission.
- All services reported in CAREWare for any client level service must include an identification of the staff member who provided the service.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.
- For programs that bill salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

DEFINITIONS:

Health Education/Risk Reduction

The provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients improve their health status.



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Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).

CLIENT ELIGIBILITY CRITERIA:

To be eligible for case management services, a client must meet the standard eligibility criteria as defined in Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Time Unit	Health Education	Time spent providing services which educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.	Entered into CAREWare under actual client name. ROI must be on file.	Date service delivered	1 unit = 15 minutes	\$0
Line Item Unit	HE - 01through HE - 10	Corresponding units are named HE – 01 Individuals, HE – 02 Groups.	Entered into CAREWare under actual client name	Date service delivered	1 unit = 15 minutes	\$0